

State of California
Office of Statewide Health Planning and Development
ANNUAL UTILIZATION REPORT OF HOSPITALS - 2001

STATE USE ONLY

Page 0, Line 1

STATUS 3 ____ CONSOL # 6 ____

Return **BY FEBRUARY 15, 2002** to:
Office of Statewide Health Planning
and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of the "Annual Utilization Report of Hospitals" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15, may result in action against the hospital's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 323-7685.

"I declare the following under penalty of perjury: that I am the current administrator of this hospital, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this hospital and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."

Administrator's Name (Please Print)

Name of person completing form and /or contact
person for any follow-up questions (Please Print)

Administrator's Signature

Print Title and Department of Person Responsible for
the Report

Date

(_____)_____
Area Code Phone Ext.

3. (_____)_____
Area Code Phone

(_____)_____
Area Code FAX Number

COMPLETE PART A ONLY IF THE HOSPITAL WAS DELICENSED (CLOSED), WENT INTO SUSPENSE OR WAS NEWLY LICENSED DURING THE REPORTING YEAR.

- A. DATES OF LICENSURE:** If the hospital was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

Col. 1		Col. 2	
11. FROM	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 5px; top: 5px;"> </div> </div>	THROUGH	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 5px; top: 5px;"> </div> </div>
	Month Day		Month Day

COMPLETE PART B & C ONLY IF THE HOSPITAL WAS NEWLY LICENSED OR CHANGED LICENSEE/ OWNERSHIP DURING THE REPORTING YEAR.**B. LICENSEE (OWNERSHIP) TYPE:**

From the list below, select the ONE category that best describes the type of licensee of your hospital and enter the number which appears next to that category. 2. _____

LICENSEE (OWNERSHIP) CODES		
NONPROFIT	FOR PROFIT	STATE/LOCAL GOVERNMENT
18 Nonprofit Corporation	23 Individual	11 State
19 Kaiser	24 Partnership	12 County
20 Church Related	25 Corporation	13 City
22 University of California		14 City/County
21 Other _____ Specify		15 Hospital District

C. PRINCIPAL SERVICE TYPE:

From the list below, select the ONE category that best describes the type of service provided to the majority of your patients and enter the number which appears next to that category. 3. _____

PRINCIPAL SERVICE CODES		
10 General Medical/Surgical	14 Tuberculosis and Other Respiratory Disease	18 Physical Rehabilitation
11 Hospital Unit of an Institution (e.g. Penal Institution, student health)	15 Chemical Dependency (Alcohol/Drug)	19 Orthopedic or Pediatric Ortho
12 Long Term Care (SN/IC)	16 Chronic Disease	22 Developmentally Disabled
13 Psychiatric	17 Pediatric	23 Other _____ (Specify)

A. HOSPICE PROGRAM

Enter the number 1 if the hospital offered a hospice program during the calendar year? 1 ____
 (See definition of "hospice" in instructions)

If yes, what type of bed classification is used for this service?

1-General Acute Care, 2-SNF, 3-ICF, 4-Combination 2 ____

LONG-TERM CARE SERVICES
(SKILLED NURSING AND/OR INTERMEDIATE CARE (SN/IC))

B. CERTIFICATION(S):

From the certification categories below, place a check on those categories for which your hospital was certified or contracted during the year.

Medicare:	Medi-Cal:	Medi-Cal:	Medi-Cal:	Medi-Cal:
Skilled Nursing	Skilled Nursing	Intermediate Care	Intermediate Care/DD	Subacute
Line 5 (Col. 1) ____	(Col. 2) ____	(Col. 3) ____	(Col. 4) ____	(Col. 5) ____

C. Length of Time in Hospital--All long-term care patients discharged: (See definition of "discharge" in instruction booklet.)

TABLE A Discharged Long-term Care Patients by Length of Stay

Time in Hospital	Line No.	Number of Patients
TOTAL LONG-TERM CARE DISCHARGES	11	*
Less than 2 weeks	12	
2 weeks less than 1 month	13	
1 month less than 3 months	14	
3 months less than 7 months	15	
7 months less than 12 months	16	
1 year less than 2	17	
2 years less than 3	18	
3 years less than 5	19	
5 years less than 7	20	
7 years less than 10	21	
10 years or more	22	

*Total discharges must be the same on page 4, line 3, column 6. (Table B)

D. SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)? 41 ____

Enter the number 1 if your hospital offered a specialized program for Alzheimer's patients? 42 ____

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease? 43 ____

Long-term Care Services (Continued)**TABLE B – LONG TERM CARE INPATIENT UTILIZATION****COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:****(Line 1) + (Line 2) - (Line 3) = Line 4**

Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown. The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (Total)

Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown. The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (Total)

Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31 whose principal source of payment was from the sources shown. The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (Total)

		SN (Gen)	IC (Gen)	SN (MD)	IC (DD)	Total								
Dec. 31, 2000 Census	Ln. 1													
							Home	Hospital	State Hospital	Other LTC	Residential Bd & Care	Other		
Admissions (+)	Ln. 2												AWOL	Death
(-) Discharges	Ln. 3													
Dec. 31, 2001 Census	Ln. 4													
Patient Days	Ln. 5						7 Medicare	8 Medi-Cal	9 HMO	10 Private Ins.	11 Private Pay	12	13	14 Other
Licensed Beds	Ln. 6													
Licensed Bed Days	Ln. 7													
Swing Beds	Ln. 8													
Cols.		1	2	3	4	6								

Please Refer to the Instructions

A. TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Hospital on December 31 of the Reporting Year _____

2. Number of **Male** Inpatients on December 31 of the Reporting Year. _____3. Number of **Female** Inpatients on December 31 of the Reporting Year _____**B. RACE/ETHNICITY AND AGE OF MALE LTC PATIENTS ON DECEMBER 31.**

Report These Patients by the Appropriate Age Groups:

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	<45	45-54	55-64	65-74	75-84	85-94	95+
4. White	_____	_____	_____	_____	_____	_____	_____
5. Black	_____	_____	_____	_____	_____	_____	_____
6. Hispanic	_____	_____	_____	_____	_____	_____	_____
7. Asian	_____	_____	_____	_____	_____	_____	_____
8. Filipino	_____	_____	_____	_____	_____	_____	_____
9. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
10. Native American	_____	_____	_____	_____	_____	_____	_____
11. Other	_____	_____	_____	_____	_____	_____	_____
12. Total	_____	_____	_____	_____	_____	_____	_____

C. RACE/ETHNICITY AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	<45	45-54	55-64	65-74	75-84	85-94	95+
13. White	_____	_____	_____	_____	_____	_____	_____
14. Black	_____	_____	_____	_____	_____	_____	_____
15. Hispanic	_____	_____	_____	_____	_____	_____	_____
16. Asian	_____	_____	_____	_____	_____	_____	_____
17. Filipino	_____	_____	_____	_____	_____	_____	_____
18. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
19. Native American	_____	_____	_____	_____	_____	_____	_____
20. Other	_____	_____	_____	_____	_____	_____	_____
21. Total	_____	_____	_____	_____	_____	_____	_____

A. MEDI-CAL SUBACUTE CARE PATIENTS

1. Number of Medi-Cal Subacute Care Beds Contracted for on December 31.		
	COL. 1 Age 20 and Under	COL. 2 Age 21 and Over
2. Number of Medi-Cal Subacute Patients in the Hospital on December 31.	_____	_____
3. Number of Medi-Cal Subacute Patients Admitted During the Year.	_____	_____
4. Number of Medi-Cal Subacute Patients Discharged During the Year.	_____	_____
5. Number of Medi-Cal Subacute Care Patient Days.	_____	_____

B. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM (Source of Admission):

10. Home	_____	_____
11. State Hospital	_____	_____
12. Residential Board and Care Facility	_____	_____
13. Hospital	_____	_____
14. Other LTC facility	_____	_____
15. Other, Specify _____	_____	_____

C. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO (Disposition of Patient):

20. Home	_____	_____
21. State Hospital	_____	_____
22. Residential Board and Care Facility	_____	_____
23. Hospital	_____	_____
24. Other LTC facility	_____	_____
25. Other, Specify _____	_____	_____
26. Death	_____	_____

D. REPORT THE NUMBER OF MEDI-CAL SUBACUTE PATIENTS ON DECEMBER 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED. (A patient may require more than one treatment/procedure:)

31. Tracheostomy with Ventilator	_____	_____
32. Tracheostomy without Ventilator	_____	_____
33. Tube feeding (nasogastric or gastrostomy)	_____	_____
34. Total Parenteral Nutrition (TPN)	_____	_____
35. Physical Therapy	_____	_____
36. Speech Therapy	_____	_____
37. Occupational Therapy	_____	_____
38. IV Therapy	_____	_____
39. Wound Care	_____	_____
40. Peritoneal Dialysis	_____	_____

COMPLETE ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCH OR PHF BEDS**A. ACUTE PSYCHIATRIC PATIENTS ON DECEMBER 31**

	Line No.	PATIENT CENSUS DECEMBER 31
ACUTE PSYCHIATRIC TOTAL	1	*
Locked	2	
Open	3	

*TOTAL must equal Line 20, Column 1, Page 8

B. ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

AGE GROUP	Line No.	NUMBER OF PATIENTS
TOTAL PATIENT CENSUS	6	
under 18 Years	7	
18-64 Years	8	
65 Years and over	9	

*TOTAL patient census (Line 6) must be equal to total acute psychiatric patients (Line 1 above)

C. CDR SERVICES PROVIDED IN LICENSED ACUTE PSYCHIATRIC BEDS

Line No.	CENSUS 12/31 (Column 1)	For Calendar Year		STATE USE ONLY
		DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	BEDS ON LICENSE (Column 4)
15				

D. ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31

SOURCE	Line No.	NUMBER OF PATIENTS
TOTAL ACUTE PSYCHIATRIC PATIENTS*	20	
Medicare	21	
Medi-Cal	22	
Short-Doyle (includes Short-Doyle Medi-Cal)	23	
HMO	24	
Other Third Party Payer	25	
Private Pay	26	
Other	27	

*Total acute psychiatric patients (Line 20) must be equal to total patient census (Line 6) and acute psychiatric total (Line 1)

E. During the calendar year, did you provide any acute psychiatric care under a **Short-Doyle** contract? (1-Yes, 2-No).....30. ____

A. INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA ON THIS TABLE!

Line No.	CENSUS 12/31 (Col. 1)	STATE USE ONLY Licensed Beds (Col. 2)	BED CLASSIFICATION AND BED DESIGNATION ¹	For Calendar Year			STATE USE ONLY Licensed Bed Days (Col. 6)
				Hospital Discharges (Including Deaths) (Col. 3)	Intrahospital Transfers From Critical Care (Col. 4)	Patient Census Days (Col. 5)	
1			Medical/Surgical ² (Include GYN)				
2			Perinatal (Exclude newborn & Gyn)				
3			Pediatric				
4			Intensive Care ³				
5			Coronary Care ³				
6			Acute Respiratory Care ³				
7			Burn Center ³				
8			Intensive Care Newborn Nursery				
10			Rehabilitation Center ⁴				
16			SUBTOTAL--General Acute Care				
18			Chemical Dependency Recovery Hospital				
20			Acute Psychiatric Please complete Page 7				
25			Skilled Nursing ⁵ Please complete Page 4				
30			Intermediate Care ⁶ Please complete Page 4				
40			HOSPITAL TOTAL				

¹ See instructions² The Department of Health Service's Licensing and Certification Division replaced the Medical/Surgical designation with "Unspecified General Acute"⁴ Physical (muscular/neurological) rehabilitation³ Step-down utilization (observation, telemetry, etc.) are to be reported as Medical/Surgical (Line 1)⁵ From Page 4, Line 4, Columns 1 and 3⁶ From Page 4, Line 4, Columns 2 and 4

- B.** Complete the table below if you **provided** Chemical Dependency Recovery Services (CDRS) **in your licensed General Acute Care Beds** (subtotaled on line 16 above). Do not include data below if the service was provided in licensed CDR Hospital beds (reported on Line 18 above), nor if provided in licensed Acute Psychiatric beds (reported on Page 7).

CDRS PROVIDED IN LICENSED GENERAL ACUTE CARE BEDS

Line No.	CENSUS DECEMBER 31 (Column 1)	For Calendar Year		STATE USE ONLY
		DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	BEDS ON LICENSE (Column 4)
45				

CARDIAC SURGERY AND CARDIAC CATHETERIZATION SERVICES

COMPLETE THIS PAGE ONLY IF "CARDIOVASCULAR SURGERY SERVICES" OR "CARDIAC CATHETERIZATION LABORATORY ONLY" APPEAR ON YOUR HOSPITAL'S LICENSE DURING THE REPORTING YEAR.

State Use Only

3 _____

CARDIAC SURGERY: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

- A. How many operating rooms on 12/31 were equipped to perform cardiac surgery with extracorporeal bypass? 10 _____
- B. How many cardiac surgery operations with extracorporeal bypass were performed during the calendar year?

	Line No.	Cardiac Surgery with Extracorporeal Bypass *
Pediatric	11	
Adult	12	
TOTAL	13	

* ICD-9-CM codes: 35.00-39.66 with 39.61 or 39.65 or 39.66 CPT codes: 33010-33999 with 36822 and/or 33960

CARDIAC CATHETERIZATIONS: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

- A. How many rooms in your hospital on 12/31 were equipped to perform Cardiac Catheterizations..... 20 _____

Report the utilization of these rooms below:

TABLE B Cardiac Catheterization Laboratory Utilization			
	Line No.	PATIENT VISITS	
		Cardiac Catheterizations	
		Diagnostic (Col. 1)	Therapeutic (Col. 2)
Pediatric	23		
Adult	24		
TOTAL	25		

Note: do not include any of the following as a cardiac catheterization

Angiography
Automatic Implantable Cardiac Defibrillator (AICD)
Defibrillator (AICD)
Cardioversion
Intra-Aortic Balloon Pump
Percutaneous Transluminal (Balloon) Angioplasty (PTA) (non-cardiac)
Pericardiocentesis
Temporary Pacemaker Implantation

TABLE C Distribution of Therapeutic Cardiac Catheterizations by Type		
TYPE	Line No.	NUMBER (Col. 1)
Permanent Pacemaker Implantation	26	
PTCA **	27	
PTBV **	28	
Thrombolytic Agents	29	
Other, Specify _____	30	
TOTAL*	31	

*must agree with entry in column 2 on line 25

** refer to instructions

BIRTH AND ABORTION DATA

A. Enter the number of the following events which occurred in your hospital during the calendar year. If a particular event did not occur in your hospital, enter a "0".

Line No.	EVENT	TOTAL OCCURRING IN HOSPITAL
6	Total Live Births (Count multiple births separately) ¹	
7	• Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.) ²	
8	• Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.) ²	
9	Induced Abortions Inpatient ³	
10	Induced Abortions Outpatient (ambulatory) ³	

**The number of births shown on this line should be approximately the same as the number of discharges shown on Page 8, Line 2, Col. 3. Include LDR or LDRP births in table above.*

B. Enter the number 1 (yes) if the hospital had an alternative setting 11 _____
(i.e. an approved birthing program)

If yes, your alternative setting was approved as (check correct alternative) 12 _____
LDR⁴ LDRP⁴
(Col. 1) (Col. 2)

How many of the live births reported on line 6 occurred in your alternative setting? 13 _____
Do not include C-Section deliveries.

How many of the live births reported on line 6 were Cesarean Section deliveries? 14 _____

¹ LIVE BIRTH

The complete expulsion or extraction from its mother, in a hospital, of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born. When more than one live product of conception is expelled (multiple birth), each one constitutes a separate live birth. EXCLUDE live births occurring outside your hospital.

² LIVE BIRTHS UNDER 2500 GRAMS; UNDER 1500 GRAMS

Of the total live births, how many weighed less than 2500 grams (5 lbs., 8 oz.); of the births weighing less than 2500 grams, how many weighed less than 1500 grams (3 lbs., 5 oz.)?

³ INDUCED ABORTIONS

Intentionally induced abortions (chemically or surgically), performed on an outpatient or inpatient basis, irrespective of gestational age.

⁴ LDR (Labor, Delivery and Recovery) and LDRP (Labor, Delivery, Recovery and Post-Partum)

LDR is a program for low-risk mothers with stays of less than 24 hours, including equipment and supplies or uncomplicated deliveries in a home-like setting and that has been approved by the Division of Licensing and Certification, Department of Health Services (L&C). LDR replaces ABC (Alternative Birthing Center).

LDRP is a program similar to LDR but is not limited to low-risk deliveries and the stays are usually for more than one day. LDRP also is L&C approved.

C. Enter the number of newborn nursery days (a.k.a., well baby days) 15 _____

SURGICAL SERVICES

A. In the table below, enter the numbers requested. If an item does not apply or the answer is "none" enter a "0".

TABLE A – SURGICAL SERVICES

	Line No.	FOR CALENDAR YEAR	
		Number of Surgical Operations (Col. 1)	Operating Room (Anesthesia) Minutes (Col. 2)
Inpatient	1		
Outpatient	2		

• **Surgical Operations** -- A surgical operation is one patient using a surgery room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. This definition of a surgical operation could also be termed a "patient scheduling."

• **Operating Room Minutes** -- The difference, in minutes, between the beginning of administration of GENERAL anesthesia, and the end of administration of GENERAL anesthesia. If general anesthesia is not administered, Operating Room Minutes are the number of minutes between the beginning and ending of surgery.

The only exception: if the general anesthesia continues after the patient leaves the operating room, then ending time occurs when the patient leaves the operating room.

B. Enter the number 1 if during the reporting year, you had an organized ambulatory surgical program, i.e., did you have written policies, procedures, and quality of care standards specific to outpatient surgery patients? 5 _____

C. **On December 31**, what was the number of surgical operating rooms in your surgical suites(s)?
(Include special procedure rooms, i.e., cystoscopy rooms, cardiovascular surgery rooms, and other rooms in which surgeries were performed)10 _____

D. Of the total operating rooms specified in Item C, how many, during the calendar year were used:

Exclusively for outpatient surgery?.....11 _____

For both inpatient and outpatient surgery?.....12 _____

Exclusively for inpatient surgery?.....13 _____

RADIATION THERAPY SERVICE**(Megavoltage Machines Only)****A.** If Radiation Therapy Services appear on your hospital's license, do you provide the service? (1-Yes, 2-No)..... 1 ____

If Yes, please complete Section B.

State Use Only

2 ____

B. In the table below, complete one line for each megavoltage machine in your Radiation Therapy Service.**Col. 3** Those days the machine was available for use including weekends, holidays, etc. Include only days the machine could have been used: do not include down time.**Col. 4** "Treatment Visits" means a patient visit during which radiation therapy was performed.**TABLE B – MEGAVOLTAGE MACHINES**

Line No.	Machine Number	TYPE OF MACHINE 1=Linear Accelerator 12MeV & Under 2=Linear Accelerator Over 12 MeV 3=Cobalt 60 4=Betatron 5=Van de Graff Col. 1	Year Operational In Hospital Col. 2	Total Machine Days Used Col. 3	Number of Treatment Visits Col. 4	FOR LINEAR ACCELERATORS Maximum Voltage (MeV) in:	
						Photon Mode Col. 5	Electron Mode Col. 6
10	1						
11	2						
12	3						
13	4						
14	5						

EMERGENCY MEDICAL SERVICES**A. On December 31**, what was the number of emergency medical patient treatment stations available? (A treatment station is a specific place within the emergency department adequate to treat one patient at a time. (Do not count holding or observation beds) 26 ____**B.** What was the total number of patient visits to the EMS during the calendar year?..... 28 ____
DO NOT INCLUDE employee physicals and other scheduled visits.**C.** What was the number of NON-URGENT EMS* visits during the calendar year? 29 ____**D.** What was the number of URGENT EMS* visits during the calendar year? 30 ____**E.** What was the number of CRITICAL EMS* visits during the calendar year? 31 ____**F.** What was the number of EMS visits that resulted in hospital admissions? 32 ____

(*See definitions in Instructions)